APR 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 11029

Registered No. 27

1. PLACE OF DEATH

County: Barry

Township: McDonald

City: (No. , St. Ward)

Registration District No. 29

Primary Registration District No. 5045B

2. FULL NAME: Mary Clayton

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Loyd Clayton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-25-1875

7. AGE: YEARS 62 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry County Mo

FATHER

13. NAME: Dullam McCracken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Oxford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Loyd Clayton Purdy Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Pleasant Valley DATE 3/28 1937

19. UNDERTAKER (ADDRESS): Koon Funeral Home Cassville Mo.

20. FILED 3-31 1937 Geo W Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-26-37 19..., to 3-26-37 19...

I last saw her alive on 3-26-37 19... Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3-26-37

Other contributory causes of importance: Hypertension

Name of operation: Date of:

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) J. D. Baldwin M. D.

(Address) Purdy Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.